

Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: _____

Sara E Black

Date Received: _____

2/22/13

Applicant Number: _____

10474

Recommended Applicant Pool Status:

☒ Included

☐ Removed

Final Applicant Pool Status:

☒ Included

☐ Removed

REQUIREMENTS:

1. Was the application received before the submission deadline?

☒ Yes ☐ No

If NO, list time/date application was received: _____

2. Is the application complete?

☒ Yes ☐ No

If NO, list the item(s) that need to be completed: _____

3. Indicate how the applicant responded to the following questions:

A. Student enrolled in a college/university in the City of Austin?

☐ Yes ☒ No

If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

i. Reside in the City of Austin?

☒ Yes ☐ No

ii. Registered to vote in the City of Austin?

☒ Yes ☐ No

iii. Continuously registered to vote in the City of Austin?

☒ Yes ☐ No

iv. Voted in 3 of the last 5 City of Austin general elections?

☒ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition: _____

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. Are applicant answers consistent?

☒ Yes ☐ No

If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

Application Reviewed By: <u>BL</u>	Review Date: <u>2/26/13</u>
Quality Control Review By: <u>Pg</u>	QC Review Date: <u>03/01/2013</u>
Follow-up Contact(s) Reviewed By: _____	Date: _____